City of Gravette

Conditional Use Permit Application & Checklist

FOR STAFF USE ONLY

Date Application Submitted:
Date Accepted as Complete:
Application Number:

Meeting Date:
Ward
Atlas Page:

Please fill out this form completely. supplying all necessary information and documentation to support your request. Your application will not be placed on the Planning Commission agenda until the application is completed and required information provided.

ere correspondence should	d be sent)		
		Day Phone	e: L-J
		Fax#:	L-J
		E-mail:	
		Day Phone	e: L-J
Address:		Fax#:	L-J
		E-mail:	
		Acreage:	
Parcel Nu	ımber:		
P	Proposed Zoning:		
	Yes		No
tructural changes?	Yes		No
	Parcel Ni	Proposed Zoning: ermanent in narure? Yes	Day Phone Fax#: E-mail: Day Phone Fax#: E-mail: Fax#: E-mail: Acreage: Parcel Number: Proposed Zoning: ermanent in narure? Yes

Property Owner / Authorized Agent: I certify under penalty of perjury that I am the owner of the property that is subject of this application and that I have read this application and consent to its filing. (If signed by the authorized agent, a letter from the property owner must be provided indicating that the agent is authorized to act on his/her behalf.)

DATE _____